



DEPARTMENT OF CORRECTIONS
YOUTH SERVICES

FIELD INVESTIGATION REPORT

TO: _____ FROM: _____
YOUTH NAME: _____
BIRTH DATE: _____ SEX: _____ YOUTH ID: _____
CAPS: _____ DATE: _____

Date Field Investigation Request Received: _____

I. PLACEMENT INVESTIGATED

NAME:

ADDRESS:

TELEPHONE #: () -

RELATIONSHIP TO YOUTH:

II. PERSONS INTERVIEWED

III. SUMMARY AND CONCLUSION

IV. RECOMMENDATION FOR ALTERNATIVE PLACEMENT

JUVENILE PAROLE OFFICER

DATE

- ☐ AGREE with Parole Officer's Recommendation
☐ DISAGREE with Parole Officer's Recommendation

FACILITY SUPERINTENDENT

DATE

YCC BUREAU CHIEF

DATE

*** If requesting Youth Transition Center placement directly from facility, must be approved by Facility Superintendent and Youth Community Corrections Bureau Chief.*

Copies: Institutional Case Worker
File (Juvenile Parole)